

Please type a plus sign (+) inside this box → ☐



CJC  
# 34

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/289,258	
	Filing Date	Apr 9, 1999	
	First Named Inventor	Vasel, Edward J.	
	Group Art Unit	3641	
	Examiner Name	Harold J. Tudor	
Total Number of Pages in This Submission	7	Attorney Docket Number	62862

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Request for Certificate of Correction
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	2. Certificate of Correction PTO/SB/44 (2 copies)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	3. Return postcard
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<b>Certificate</b>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<b>APR 10 2003</b>
		<b>of Correction</b>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	FITCH, EVEN, TABIN & FLANNERY, by Thomas F. Lebens
Signature	
Date	March 31, 2003

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: March 31, 2003	
Type or printed name	Thomas F. Lebens
Signature	
Date	March 31, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.